

BUILDING PERMIT APPLICATION

MUNICIPALITY WARREN NUMERICAL CODE _____ PERMIT NO. _____

APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED: \$ _____ BY _____

1. STREET LOCATION _____ 2. ZONING DISTRICT _____

3. PLAT/MAP _____ 4. LOT/BLOCK _____ 5. FILE/PARCEL _____ 6. AREA _____ 7. FIRE DISTRICT NO. (0 OR 1) _____

8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____

9. OWNER _____ ADDRESS _____ TEL. NO. _____

10. CONTRACTOR (0 OR 1*) _____ TEL. NO. _____

11. CONTRACTOR ADDRESS _____ 12. RI CONTR. REG. # _____ 13. EXPIR. DATE _____

14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____

15. RHODE ISLAND REG. NO. _____ 16. Stamped Prints (Circle one) Yes No 17. Certificate of Occupancy Required Yes No

18. DESCRIPTION OF WORK TO BE PERFORMED _____

19. USE OF EACH FLOOR

BSMT.

1st

2nd

3rd

Other

A. TYPE OF IMPROVEMENT

1. _____ NEW STRUCTURE
2. _____ ADDITION TO STRUCTURE
3. _____ INSTALLATION
4. _____ RECONSTRUCTION
5. _____ REPLACEMENT
6. _____ FOUNDATION ONLY

B. OWNERSHIP

PUBLIC

1. _____ STATE
2. _____ CITY OR TOWN
3. _____ OTHER, SPECIFY _____

PRIVATE

4. _____ TAXABLE
5. _____ TAX EXEMPT

C. PRINCIPAL TYPE OF CONSTRUCTION
(CONSTRUCTION CLASS (Check one))

1. 1A _____ 5. 2C _____ 9. 5A _____
2. 1B _____ 6. 3A _____ 10. 5B _____
3. 2A _____ 7. 3B _____
4. 2B _____ 8. 4 _____

D. PROPOSED USE RESIDENTIAL

1. _____ R-1 MOTEL, HOTEL
2. _____ R-2 MULTI-FAMILY
3. _____ R-3 One and Two Family Attached
4. _____ R-4 One and Two Family Detached
5. _____ GARAGE
6. _____ CARPORT
7. _____ MOBILE HOME
8. _____ SWIMMING POOL
9. _____ FENCES
10. _____ SIGNS
11. _____ FIREPLACE
12. _____ OTHER, SPECIFY _____

E. PROPOSED USE NON-RESIDENTIAL

1. _____ A-1-A THEATRES W/STAGE 13. _____ I-2 INSTITUTIONAL INCAPACITATED
2. _____ A-1-B THEATRES W/O STAGE 14. _____ I-3 INSTITUTIONAL RESTRAINED
3. _____ A-2 NIGHT CLUBS 15. _____ M MERCANTILE
4. _____ A-3 RESTAURANTS 16. _____ S-1 STORAGE MODERATE
5. _____ A-4 CHURCHES 17. _____ S-2 STORAGE LOW
6. _____ A-5 STADIUMS 18. _____ SWIMMING POOL
7. _____ B BUSINESS 19. _____ FENCES
8. _____ E EDUCATIONAL 20. _____ SIGNS
9. _____ F-1 FACTORY (MOD HAZ) 21. _____ OTHER
10. _____ F-2 FACTORY (LOW HAZ) SPECIFY _____
11. _____ H HIGH HAZARD
12. _____ I-1 INSTITUTIONAL GROUP HOME

F. RESIDENTIAL

(COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION)

SINGLE FAMILY

1. _____ TOTAL SINGLE FAMILY UNITS
2. _____ TOTAL NO. OF BEDROOMS
- TOTAL NO. OF BATHROOMS 3. _____ Full 4. _____ Half

MULTI-FAMILY

5. _____ TOTAL NO. OF KITCHENS
- TOTAL NO. OF BATHROOMS 6. _____ Full 7. _____ Half
- TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS
8. Effic. _____ 9. 1 _____ 10. 2 _____
11. 3 _____ 12. 4 _____ 13. 5 _____
14. _____ MORE, Please Specify _____
15. _____ TOTAL NUMBER OF BUILDINGS IN PROJECT

G. FOUNDATION SETS BACK FROM PROPERTY LINES

- 1 FRONT _____ ft., _____ in.
- 2 REAR _____ ft., _____ in.
- 3 LEFT SIDE _____ ft., _____ in.
- 4 RIGHT SIDE _____ ft., _____ in.

H. DIMENSIONS

- 1 No. of Stories _____ 2. Basement: Yes _____ No _____
3. Height of Construction Ft. _____ MAX WIDTH _____ MAX. DEPTH _____
4. Total Floor Area Sq. Ft. w/o Basement _____

I. ESTIMATED COST MATERIAL AND LABOR

1. GENERAL \$ _____ 00
- TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST
2. ELECTRICAL \$ _____ 00
3. PLUMBING OR PIPING \$ _____ 00
4. HEATING, AIR COND. \$ _____ 00
5. OTHER, ELEVATOR ETC. \$ _____ 00
- TOTAL COST \$ _____ 00

J. FLOOD HAZARD AREA - 1. YES 2. NO

- 1 Elev. (MSL) of lowest floor incl. basement _____
- 2 Elev. (MSL) of 100 year flood _____

K. TYPES OF SEWAGE DISPOSAL

1. _____ PUBLIC 2. _____ PRIVATE SYSTEM*
3. ISDS NO. _____ DATE _____

L. NUMBER OF OFF-STREET PARKING SPACES

- 1 ENCLOSED _____
- 2 OUTDOORS _____

M. TYPE OF WATER SUPPLY

1. _____ PUBLIC
2. _____ PRIVATE
3. _____ INDIVIDUAL WELL

N. EQUIPMENT*

- 1 INCINERATOR _____
- 2 ELEVATOR _____
- (Enter Number)

O. FEES

1. MUNICIPAL BUILDING PERMIT FEE = \$ _____ 00
2. CE & ADA FEE: _____ + _____ x .001 \$ _____ 00
- (I) ITEM #1 + ITEM #5 x .001
- TOTAL PERMIT FEE \$ _____ 00

(1 & 2 FAMILY DWELLING LIMITED)
TO CE & ADA FEE OF \$50.00

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of this jurisdiction.

* IN-STATE CONTRACTOR = 0
OUT-OF-STATE CONTRACTOR = 1

TEL NO. _____ APPLICANT'S SIGNATURE _____

* STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION

FOR _____